

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41782**

FILED JAN 2 1953

BIRTH NO.

REG. DIST. NO. **65**PRIMARY REG. DIST. NO. **4113**Registrar's No. **46**

1. PLACE OF DEATH a. COUNTY Chariton			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Carroll		
b. CITY OR TOWN Brunswick		c. LENGTH OF STAY (in this place) 2 weeks	c. CITY OR TOWN Tina		0170
d. FULL NAME OF HOSPITAL OR INSTITUTION Herbert Samuel Home			d. STREET ADDRESS (If rural, give location) RFD - 2 NW Tina		
3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) Cleveland c. (Last) Sewell			4. DATE OF DEATH (Month) (Day) (Year) Dec 30 1952		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 15 - 1894		9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months 7 Days 15 IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY Shaw & Luicksok	11. BIRTH PLACE (City and State or Foreign Country) Carroll County Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Samuel H Sewell		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Spitter	14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Herbert Sewell ADDRESS Brunswick Mo		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Chronic Nephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH terminal 4 yrs. 4 yrs.
19a. DATE OF OPERATION ✓	19b. MAJOR FINDINGS OF OPERATION ✓				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ✓	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ✓	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 592X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. ✓		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR		
22. I hereby certify that I attended the deceased from Dec 30, 1952 to Dec 30, 1952 that I last saw the deceased alive on Dec 30, 1952 and that death occurred at 12:10 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) H.P. Fowler D.O.		23b. ADDRESS Brunswick, Mo.		23c. DATE SIGNED 12-30-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Jan 1, 1953	24c. NAME OF CEMETERY OR CREMATORY Rock Branch	24d. LOCATION (City, town, or county) (State) Tina Missouri		
DATE REC'D BY LOCAL REG. 12-30-52	REGISTRAR'S SIGNATURE Mildred Bouse		25. FUNERAL DIRECTOR'S SIGNATURE Clifford W. Justice	ADDRESS Tina Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0210
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clifford W Austin

Licensed Embalmer No. 3233

P. O. Address Tina, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.